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CHILD WELFARE

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RESIDENTIAL TREATMENT

Helen R. Hagan

Social Research Assistant

Child Welfare League of America

Miss Hagan describes the nature of a residential treatment program, and tells how one disturbed child was helped by such treatment to gain insight into his problems and enabled to form meaningful relationships.

LIKE all services for children, residential treatment developed from the recognition that there was in the community a group of children whose needs could not be met by existing services. These children, for want of a better term, have been called emotionally disturbed. This term applies to no specific clinical entity; rather it is descriptive of the child who, because of unsatisfactory early family relationships or traumatic experiences, has not had the emotional sustenance necessary for him to develop a healthy personality. The kind of adaptation he can make to these early traumas and emotional deprivations is both dependent upon the threshold of his emotional tolerance, and determined by his constitutional inheritance.

These children are basically anxious children, the symptomatic evidence being in their fears, their inhibitions, or their aggressive and destructive behavior.

Children encompassed within the description of emotionally disturbed are helped through casework services of family and children's agencies, and through treatment-oriented child placement agencies and institutions, as well as through child guidance clinics and private child psychiatrists.

However, the failure of some of these emotionally disturbed children to respond to casework service while living in their own homes, or to placement in foster homes, or to psychotherapy in an outpatient child guidance clinic, has resulted in a recognition of the need for treatment on a 24-hour basis.

What the Disturbed Child Needs

These children need an environment that is therapeutic in its every aspect. They need a new and gratifying experience of living, and they need relationships with adults and children who, while giving acceptance and tolerance of deviation, will also provide controls against anxiety-producing impulses. They need a special program of remedial education which is geared to give them a corrective school experience, not only academically, but also with regard to their feelings about school. They need creative occupational and recreational opportunities as necessary outlets for dammed-up energies. In other words, what these children need is a therapeutic

"milieu" where individual psychotherapy is but one of the many corrective experiences in the redirecting of the child's emotional development.

Who are these children? What are they like? How sick are they? These are usually the first questions a community asks when its psychiatrists and social workers say that a residential treatment center is needed.

Jeanie is one of the children in such a center. She is six years old and has been in the center nine months. Before her admission, she was seen in a child guidance clinic for two years. Jeanie's attempt to deny her identity is symptomatic of her illness. She talks to and of herself in the third person. "Jeanie is a bad girl; she must be spanked." "You spank Jeanie so she won't be bad any more." "Put your dress down, Jeanie." "That's nasty; people don't like nasty little girls." And then Jeanie spansk herself and begs any available adult: "You will like Jeanie. Please like Jeanie. She will be good." It isn't difficult to reconstruct the kind of environment that produced Jeanie's problem.

Rose is an older child for whom residential treatment was recommended. Her confession of setting fire to six churches had brought her before a juvenile court judge who recognized the seeds of a serious emotional illness in the 14-year-old girl.

When Alec appeared before the court, he boasted of having stolen 15 automobiles before being caught. He was only nine, and except for persistent truancy, this was his only known delinquency. Although he is of above-average intelligence, he was unable to read and had not been promoted from the first grade.

George had started running away soon after placement in his first foster home when he was only five years old. He had run away from 13 foster homes and two institutions before he came to the treatment center at the age of ten. He had been picked up in seven different states, and had spent a total of 92 days in various detention homes and shelters.

Carl walked in his sleep, had terrifying nightmares and many daytime fears. He thought he was going to die, and had spent more and more of his time in bed, until admission to a residential treatment center was recommended.

Two little girls receiving treatment in different residential centers fantasied that they were animals. One little girl was a horse and galloped through the center, complete with harness, mane, tail and hoofs. Another little girl was a cat who spent many hours curled up in the window seat, playing with an imaginary mouse.

A large percentage of children admitted to residential treatment centers have been expelled from one, and often several, public or private schools. They are usually several grades retarded, and many have severe learning difficulties.

The children I have described do not represent the sickest children cared for in the residential treatment

centers. Each was seen in a different center, and in no instance was he the most disturbed child in that center.

I could describe other children with whom we social workers are all too familiar—children who, because of the neglect, cruelty, desertion or inadequacy of their parents, require the protection and care of a social agency. And just as some of the children I have described represent the failure of the child's own parents to meet his early emotional needs, so other children who come to the attention of treatment centers represent the failure of social agencies to provide adequately for the needs of some of their children.

Effect of Deprivation

One reads a repetitive theme in the histories of these children—too many foster homes, placement in infancy in a foundling home or hospital, poor adoptive placements, and a countless, shifting array of adult figures in their lives, with little or no security and no opportunity for identification through stable affectional relationships. These children are often pointed out as the ones for whom prognosis is least hopeful in residential treatment, for they have never developed the capacity to form a meaningful relationship which must be the basis for successful treatment.

Their symptoms may not be dramatic, and they are too often the same—stealing, lying, running away, truancy, enuresis, excessive and exhibitionistic masturbation, destructiveness to buildings, furnishings and personal clothing, aggressiveness toward children and adults, failure in school, and finally, in every record, the notation, "Inability to relate to foster parents, institutional personnel and caseworker."

This is a cycle with which every child welfare worker is familiar. The child has behavior problems, he loses his foster home, his behavior problems increase in the next home, and he loses that home in half the time it took him to lose the first, and so on, until finally, perhaps after psychiatric consultation, group care is tried. If that does not succeed and another foster home can be found, the cycle begins all over again, until he is finally sent to a training school, to a mental hospital, or, if one should be available, to a residential treatment center.

Somewhere along the line, the cycle could have been broken. What services do agencies fail to provide that could have prevented the many placements with their accumulated trauma for the child?

Placement agencies and institutions for the so-called dependent child are caring for many of the same group of children cared for in residential treat-

ment centers. Many of these agencies and institutions believe that if they had more funds they could care for most of the emotionally disturbed children for whom residential treatment is now being recommended. This needs to be examined through research, rather than assumed.

Fewer Children in Institutions

That such an examination is timely may be seen from reviewing trends within the institutional field. Institutional care of children in the United States is undergoing a rapid change. In 1949, as contrasted with 1948, over 5 per cent fewer children were receiving institutional care in 22 typical urban areas. This decline in the number of children in institutions for the so-called dependent child has constituted a continuous trend for the past ten years, with the exception of an abnormal period during the war.

Boards of directors charged with operation of such programs are, on one hand, concerned with this decline and, on the other hand, they are concerned that the agency readapt its services to meet changing community needs, provided it is true that the existing number of institutional facilities for other children is no longer required.

Judging by assessment of need for residential treatment which has been made by several communities, there is good reason for estimating there are large numbers of emotionally ill children in this country. However, residential treatment is an expensive service, and few communities are prepared at this time to support it. Thus, social agencies must of necessity continue to provide for these children.

Many existing institutions have drawn the line at accepting children so disturbed that the kind of program required for them handicaps the ability of the institution to provide adequately for the particular type of child whom they have considered their primary responsibility. We do not now know if it is desirable for emotionally disturbed children to be treated in the same institutions with other children, nor do we know what effect living with disturbed children has on the other children.

As they are presently organized, foster home agencies must of necessity refuse to take the disturbed child for whom no foster home can be found or developed.

Let us follow George, the child who had had so many placements, through his experience in residential treatment.

George was referred to the intake department of the treatment center on the recommendation of the new casework director of the agency responsible for his care. The intake worker saw George several times and was impressed by his anxiety and desire for help, which was unusual in a child with his history. The worker

decided that George's running away was not a compulsive symptom, and that he could be cared for in an open environment, provided he had the capacity to form a relationship to some person in that environment. A Rorschach examination, administered as a part of the diagnostic study, showed that, despite severe emotional blocking, George had retained a capacity to relate. From observation of George with the other children in the center during a visit, it was noted that he had a strong interest in football. He was potentially a good player, and seemed to receive considerable satisfaction from the praise given him by the resident staff member who played football with the boys.

When the intake worker described George to the staff conference of the residence as a possible candidate for admission, the executive raised the question as to whether, with George's history of running away, the staff would be able to hold him long enough to establish a relationship in an unlocked institution. House staff members wondered what more they could do for George than staffs in the other institutions had done to help him. The casework supervisor questioned whether he would be accessible to psychotherapy by a caseworker.

Relationship with Mother

The psychiatric consultant reviewed the boy's history and found nothing to indicate the need for a neurological examination. She pointed out that until his mother's death when he was three, George had had a warm and secure relationship with her, which probably accounted for his having retained an ability to relate to people, despite his many subsequent rejections. After her interview with George, she had evaluated his running away from foster homes and institutions as disappointment in not finding in them parent substitutes to whom he could relate, rather than a psychopathic inability to relate, as had been the opinion of a psychiatrist who had seen him previously. She thought that he probably had many closely guarded fantasies about his own father which would make it difficult for him to accept any parent substitute. Through psychotherapy these might be uncovered and dealt with in the residential treatment center.

The man on the resident staff who had played football with George described his athletic ability and his pleasure in his ready acceptance by the other boys, and said he would like to see George admitted, as he felt sure he could develop a good relationship to him through living and playing with him.

The psychologist noted George's rating of above-average intelligence, with a possible superior ability if his emotional blocking could be overcome, and said that he, too, would find George a challenging youngster in the school program.

The executive told one of the women caseworkers that George reminded him of boys with whom she had been particularly successful in therapy in the past, and the casework supervisor agreed that if George was accepted he would be assigned to that worker for psychotherapy.

After some discussion of the fact that acceptance of George probably meant accepting a long-time responsibility for planning care for him, even after psychiatric treatment was completed, the decision was made that George should be accepted in residence.

In planning a beginning treatment program for him, it was decided that at first he would attend classes in the special school of the residence, that the man staff member who already had a beginning relationship with him would make himself available to the boy for a closer tie as he was ready for it, and that during the first month the caseworker would see George for a short time each day until she had established a relationship with him, after which he would be seen three times a week for an hour of individual psychotherapy, unless through experience it was found that he

needed to be seen oftener, or that he was not ready for such intensive casework and should not be seen more than once a week for a while.

Plan To Include George's Father

The caseworker from the agency that had referred George was requested to locate his father and to persuade him to see George's caseworker at the treatment center. The psychiatric consultant recognized the improbability of the father's being helped to accept more responsibility for George, but felt that it was necessary to include him in the treatment plan, so George could learn to know his father as he was and, through the support he would receive in residential treatment, hopefully be able to give up his fantasies about him.

All of these plans would be considered tentative and would be reviewed with the psychiatric consultant after George had been observed in residence for six weeks. There would be frequent discussion of George by staff in the meantime; and if his behavior, or their concern about the plan of treatment, indicated need for an earlier review of the plan with the psychiatric consultant, it could be arranged.

The center was not unfamiliar to George because he had been there before; he knew why he was there; the intake worker and his former caseworker had explained that. It was because he had so many problems. He ran away too much and worried his foster mothers so much they wouldn't keep him. He wanted to get over running away, so he could keep a foster home, and here they were going to help him. The other children had told him they had problems, too, and that the caseworkers and house staff were helping them to get over their problems.

The building George saw wasn't much, compared to the other institutions he had lived in. It was pretty shabby, in fact. The floors weren't polished, and the furniture was scarred and looked as though it had taken an awful beating. The children didn't make their beds very well, but the staff didn't seem to mind. He was going to sleep in a room with three other boys. One of them looked like an awful little dope, staring into space and talking to himself, but the other boys said not to mind him—he was just sicker than they were.

The food George found in the treatment center was plentiful and good. No one seemed to mind how many helpings he asked for; neither did they yell at the ones who didn't eat at all, or the one who threw his food on the floor. A staff member just cleaned it up and said she guessed he was angry at something.

After dinner, the staff played with the children, some of them indoors, others outdoors. Boys and girls played together, and some of the little ones played with the older group until it was time for them to go to bed. George found the man who thought he was a good football player close to him all evening. It was he who introduced George to the shop where some boys were doing carpentry, and others were fixing their bicycles, modeling with clay or doing finger painting with a staff member who seemed to know all about those things. Later George's new friend stayed casually by him as he prepared for bed, and it was he who fixed George's bedtime snack and let him choose the bedtime story for his room.

A New Experience in School

The next day George was introduced to a new kind of school. Here there were only a few other children in the room, and the teacher didn't get excited if you talked out loud, or got up and wandered around, or even left the room. Lessons seemed like fun, for they were about things boys of George's age were wondering about. That day someone asked the teacher why there had to be

eleven men on a football team, and they spent an hour talking about teamwork. George thought this school could be fun, and he could see the teacher wasn't stupid, for after they had talked football, they all settled down and really worked on their lessons.

While George was sizing up his new environment, the staff of the treatment center were closely observing him. After George was in bed that first night, his special friend and the other resident staff members who had been on duty recorded their impressions of George, and the other children's response to him. This information was available the next day to the teacher, other resident staff members who would work with George that day, the caseworker, and the executive.

As the weeks went by, George's newness wore off; the other children made unreasonable demands on him, and he had to share his new friend with several other children for whom he was also a special staff tie. His caseworker kept bringing up his problems and making him think about how his getting into trouble in the center was like his getting into trouble in the foster homes. His restlessness grew, and he felt he must run off. The daily house reports, the teacher's reports, and the caseworker's interviews with George, clearly showed his restlessness and his impulsiveness breaking close to the surface.

Twice a week the staff sat down together to talk about George and the other children and to pool their ideas and information. It was in one of these staff conferences that George's special friend, his special staff tie, came up with the idea of helping George to live out his need to run constructively. He planned a week-end camping trip for George and his other special boys. Other staff members, sympathetic to George's need, agreed to take over his friend's house duties in his absence.

Soon after this, the referring agency located George's father, and the caseworker in the treatment center encouraged him to visit. She saw George's father for regular casework interviews, and found that he was making only a marginal adjustment himself, and could not be counted on to take much responsibility for George. Through the caseworker's encouragement and support, however, he began visiting regularly, and told George about his mother and why he had not been able to keep their home together after her death.

In staff discussion with the psychiatric consultant at the end of six weeks in residence, the overwhelming consensus was that George was treatable and that he was not a psychopath. It was decided that the plan of treatment being followed for George should be continued. Later, when he had made an adjustment to the residence and in school, and when the caseworker found that he was beginning to resist further discussion of his problems in psychotherapy, the consultant suggested that by removing some of the staff protection of George in the residence, in school, and in his relationships to the other children, his deeper anxiety would be evidenced and the caseworker in her interviews with him could begin interpretation of his more basic problems.

Residential treatment for George enabled him to establish a relationship with a warm, non-critical, accepting man, which made possible his identification with that man, and later the formation of meaningful relationship with other adults. In the course of helping George gain insight into his problems, the caseworker provided a corrective experience with a mother figure who was a non-rejecting, giving person. In his therapy sessions with her and in residence, he was given the opportunity for gratifying unmet infantile needs, while at the same time he was made aware of the advantages and pleasures of mature behavior.

Through firm administrative leadership, the total strength of the treatment program was brought to bear on George's problem, and coordinated into a well-knit process through which each staff member used his particular skill in his relations with George. No one skill took precedence over the others, since all were recognized

as necessary. To effect this coordination of all the treatment resources, the administrator needed both his administrative skills and his background of psychiatric experience and understanding of the dynamics of human behavior.

Old Symptoms Return

Lest you think the staff of the treatment center had an easy time with George, let me add that once he had made an adjustment to the center and had begun to be involved in treatment, things began to happen. There were anxious moments when George ran away again.

However, after a few trial runaways, from which he always returned voluntarily, he proved to his own satisfaction that he was not going to be sent away from the center for running away, and that his special staff friends still liked him, no matter how much his behavior worried them. After that, his deep-seated hostility found outlet in periods of fierce aggressive behavior toward other children and staff, in spasmodic outbursts of rage, in which he broke many windows and added to the shabby appearance of the building by beating the walls with his shoes, which he no longer seemed to want to use to help him run away from his unhappiness. In time, he found that the resident staff were strong adults and that they would help him control those frightening, wild impulses until he was able to master them alone.

In the painful process of giving up his fantasies about his father, and accepting the limited relationship that he offered, both George and his father needed much help from the caseworker.

It was two years before George was ready to really leave the treatment center and test his newly acquired strengths in a foster home. In preparation for leaving, he was entered in a public school and encouraged to participate in community recreation. Before he actually left the center, he visited the new foster home many times, until he was convinced that he was wanted by the new foster parents, and that he would be able to accept them as his substitute family. The caseworker continued to see George frequently after his placement, and he was free to visit his staff friends and the children in the center until he had found his place in the new community.

Not all residential treatment centers are like the one George knew. Some are not social agencies, but are more like hospitals, with a psychiatrist as director, and with psychiatrists and psychiatrists-in-training responsible for the individual therapy with children, and the social workers working only with the parents. Other centers may have an educational psychologist as the administrator, and people from various other combinations of disciplines responsible for therapy and the direct care of children. Two centers employ psychiatric caseworkers to be responsible for the daily living experiences of the children. Others employ persons with experience in teaching, in nursing, in nursery school education, in group work or recreation. Some centers do not send the children to public school at all, while others send all the children to public school.

Some centers have their own outpatient departments for diagnostic and follow-up service. Others are dependent on community resources for these services. Some have their own foster home program, so that as children begin to improve they can be

(Continued on page 9)

LONG TIME TEMPORARY PLACEMENT: A DISCUSSION*

Clark W. Blackburn

Executive Secretary
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Mr. Blackburn contributes a thoughtful discussion from an administrative point of view of this difficult and important problem discussed by Miss Lewis in a previous issue. One step toward prevention, he believes, is to make more good family casework available to more people.

MISS LEWIS ends her well-written paper† by saying that the answer to long time temporary placement can be given in four words—"do away with it." I agree with Miss Lewis that we should work hard in that direction and recognize that even where resources are available and qualified staff is working, there will be certain situations where long time temporary placement seems the least damaging to the child.

Miss Lewis suggests some steps toward a solution of a problem in the child care field. The space limits imposed restricted her from making a fuller exposition of the problem and a comprehensive statement on all possible ways of working to effect change. Since I can find nothing in the paper with which to quarrel, I can only commend her for her statement, back her fully in her desire to do something about it, and finally make a few suggestions to add a little fuel to the reformer's fire.

Since my own work is that of an administrator, I shall feel safer if I stick rather closely to the administrative and community organization aspects of the question.

I have done some soul-searching on the question of how to prevent long time temporary placements. This brought me to the inevitable conclusion: can we first do something to prevent so many temporary placements? A child not placed at all is a child who can't get into a long time placement situation. If medicine, I thought, can make so much progress in the prevention of certain diseases, surely social work is amiss if it doesn't emphasize prevention. How can we apply it here?

As a first principle, we should try to prevent the placements that are made primarily on the basis of financial need. I have no facts to offer, but I am inclined to believe that in spite of the great strides made, this is not a universally accepted idea.

Next, I think as social workers we must continue to work more and more consciously to promote

better family life. The number of broken homes reported at the White House Conference on Children and Youth gives us ample cause for concern. Not only must we avoid complacency, but we must make more direct efforts to change the trends. For example, there is a growing awareness of our responsibility for making family life education programs available to groups. Young people need to know more about courtship and marriage; through groups young parents can learn how to be better parents. Family life education is therefore valuable in a dual sense: it can help young couples to develop stronger and more meaningful relationships; at the same time their children, if reared in a better emotional climate, will become more mature adults.

A number of national groups are interested in family life education. Social work is just beginning to see the possibilities in this area. I believe that social workers are as well equipped as any professional group—much better than some—to use the basic knowledge of their profession in family life education programs.

To pass from the group to the individual approach, I think we can prevent some temporary placements if we make more good family casework available to more people. With well-qualified personnel at a premium, this is not an easy task. However, it is a goal worth working for. Rural areas in particular have little or no family casework service. I think the only answer is for the public agencies to show that preventive work pays off in the long pull and that all casework services should not have to be attached to the giving of financial assistance.

Homemakers Decrease Need for Placement

Another very tangible service that tends to cut down on temporary placements is a well-administered and supervised homemaker service. My own agency has been giving an increasing amount of homemaker service and I have considerable conviction about its value as a service for children. Homemaker service helps parents in the care of children when the mother falls ill, goes to the hospital, is separated from her husband, or dies. We have increased our homemaker

* Presented at League's program, National Conference of Social Work, Atlantic City, May, 1951.

† "Long Time Temporary Placement," by Mary E. Lewis, Supervisor of Child Welfare, State Department of Economic Security Frankfort, Ky.; published in *CHILD WELFARE*, October, 1951.

staff during the past two years from six to 28, enlarged the scope of service from a maximum of a few weeks to longer care in certain situations. We have greatly increased the number of children who are being given this type of service in their own homes. For instance, in April over 100 children were getting this care. Though it is too early to evaluate the ultimate effect of this service on the need for placement, I can report that our temporary placements have been decreased by an appreciable percentage.

At the same time we are carrying on an interesting experiment with the public agency administering the Aid to Dependent Children program. We work with other agencies on a purchase-of-service basis. The A. D. C. agency has requested us to place homemakers in a number of motherless homes. With the help of the father, a budget plan is worked out which includes the cost of the homemaker service. The father's earnings are supplemented and he pays us directly for the homemaker. Up to the present time, the longest period we have had a homemaker in an A. D. C. home is 14 months.

Only time and close scrutiny will enable us to see this program in its proper perspective and in relation to other methods of child care. I am sure that it is not the answer for all motherless homes, but I do believe we have been able to demonstrate favorable results for a number of children. After we have had more experience and have gained more knowledge, we shall be glad to report further on our findings.

There is another point I should like to stress in discussing how to prevent long time temporary placements. Miss Lewis thinks that intake has a very important place in agency operations. I agree heartily. What agencies do with clients at the start may set the whole tone for subsequent interviews. Miss Lewis did not stress the use of a psychiatric consultant in the early stages of work with clients. We have found that our consultant psychiatrist has been very helpful in appraising the potentialities of parents requesting placement for a child. It is true that agencies do not always have the choice of whether to place or not—particularly if a juvenile court judge has issued orders—but there are many times when complete freedom of decision is possible. I contend that any help we can get in sharpening our skills during these early stages is desirable.

Certainly the White House Conference reminded us with considerable impact of the emotional needs of the child. These needs are much more subtle than physical needs. I liked the way the Conference report emphasized that for a healthy personality a child must develop a basic sense of trust and later a sense of autonomy, a sense of initiative, a sense of

accomplishment, a sense of identity and so on. These basic emotional feelings are developed primarily in relationship to people. We are keenly aware of how many well-meaning parents have failed to understand these needs and how to help the child toward normal development. In cases where placement is discussed, we are often strongly aware of parents' failures. But again, I want to stress that at the outset we must look beyond the failures of the past and see what potentialities there are within the family setting for carrying on. If a substitute situation is finally indicated, then we must make certain that the new emotional climate is a definite improvement.

Administrative Attention Is Important

Once children are in temporary placement, it too often becomes easy to let things drift. I agree with Miss Lewis that administrative attention needs to be ever present. Size of case loads must be kept at a reasonable level. Staff turnover—often a very difficult event in the life of a placed child—is something that might be modified if administrators themselves worked harder for adequate staff salaries, sound personnel policies, clear-cut agency structure and the like. Proper statistical reporting, administrative conferences and other devices can be helpful in setting limits on temporary placement. It is important that an administrator be concerned that his staff does not allow placed children to float in a sea of uncertainty and casework indecision. If the child cannot after proper testing move back toward his own family, then efforts must be made to help the parent and child move away from each other into a permanent plan. More administrative attention should prove helpful in this difficult area.

One final word—Miss Lewis has mentioned research. We have too few objective facts in this field. One development in my state along this line should be of interest. The Minnesota Division of Social Welfare has worked out a statewide system of statistical data on all children known to public and private agencies. A card is sent in when the agency originally meets the child. Where there is any change of status during any month, an additional card is sent into the state office. As this kind of basic material is more universally gathered, we will have the raw material to do much more helpful research on numerous phases of child care and child placement. If we can also further our efforts to train qualified persons in research, it should not be too many years before we will have the facts either to support or to modify the assumptions on which we work.

In closing, I wish again to commend Miss Lewis for her thoughtful paper. It has stimulated me as an administrator to try to do a better job in eliminating long time temporary placements. I am confident that readers will likewise feel moved to action.

MARY E. BORETZ AWARD FOR 1952

MANUSCRIPTS may now be submitted for the second annual award, established by friends and colleagues of Mary E. Boretz as a memorial to her leadership in behalf of children. Two grants, one of \$250 and another of \$150, will be awarded annually for the manuscripts which in the judgment of the award committee make the most significant contribution in the field of child welfare. Deadline for the submission of manuscripts is February 1, 1952. For further information, please write the Information and Publications Department of the Child Welfare League.

BORETZ AWARD PAPER TO BE PUBLISHED

THE paper by Mrs. Lucile Tompkins Lewis on finding adoptive homes for Negro children which received the Mary E. Boretz Award for 1951 will be published by the Child Welfare League in a forthcoming pamphlet. Mrs. Lewis is Supervisor, Negro Division, The Child Welfare Association of Fulton and DeKalb Counties, Atlanta, Ga.

RESIDENTIAL TREATMENT

(Continued from page 6)

transferred from the residence to one of the center's foster homes. Others must depend on the referring agency or another placement agency to provide for after-care for children who cannot return to their own homes.

There is also a difference in the amount of service given to parents, but most of the centers, feeling that any gains the child makes in treatment can be sustained only if the parents also change, either provide treatment to parents while treating the child, or refer parents to other treatment agencies with which they maintain close contact.

Despite the differences, all residential treatment centers have some things in common. The dedication to children which all child-caring agencies have is found in every residential treatment center. Perhaps it is this dedication and the perseverance of the administrators and their staffs which have led them to attempt treatment of children formerly considered

untreatable. Some of these children have been helped and are leading useful lives in the community.

Another area of agreement in residential treatment is that all such programs must be focused on the child. The particular discipline of the staff members' training seems to be secondary to the fact that they must be trained to work with children and must understand normal child development.

Key Personnel in Treatment

There is also agreement that the staff members working directly with the children are key personnel in residential treatment. Whether they are nurses, social workers, or are without specialized training, they must have a personality suitable for working with children, and must be able to understand the dynamics of behavior, and accept the psychiatric concepts which will enable them to learn the specialized job of working with disturbed children. Since there is no available training at this time for that job, every center has an active in-service training program, with special attention to helping the staff acquire self-awareness along with understanding of the children.

A young man employed by a treatment center as a boys' supervisor was asked by a board member the qualifications for a member of the house staff of such a center. His reply sums it up rather aptly: "A cross between Tarzan of the apes and a mother hen."

In closing, let us go back to George. How could his placement in a treatment center have been avoided? If the first agency that placed him had worked harder to help George's father maintain a home for him, would that have prevented the development of his problems? If more skilled caseworkers had been assigned to find George's foster homes, would he have needed to run away from them? If the caseworker who supervised George in his foster homes had had more diagnostic insight, would she have seen more clearly why George could not relate to foster parents, and have helped him to work through his feelings about his own father? If a psychiatric consultant had reviewed the case earlier, would the caseworker have had a better understanding of how to help George relate to his foster parents and the foster parents to George? If one of the two institutions where George was placed had been psychiatrically oriented, could he have made an adjustment there?

These questions cannot be answered in retrospect, but because residential treatment centers do receive many seriously disturbed children who have been known to social agencies for many years, these questions are being raised. Help in answering them must be forthcoming from all of us concerned with the healthy growth and development of the child.

EDITORIAL COMMENTS

Telling the Child Welfare Story

The following, adapted from a report at the November meeting of the League's Board of Directors by the Public Relations Consultant, describes our current public relations activities and plans for extending them.

TELLING the child welfare story effectively, so that the public can be helped to a better understanding of what services are available, what needs are still unmet, and the role of the citizen in both, remains a pressing challenge to social agencies. As a national child welfare organization, the League accepts responsibility for telling the story nationally, helping its members to tell it locally, developing new ways of telling it, preparing materials which make the telling easier and more impressive, and constantly opening new channels for getting the story across. The League believes that its function in the area of public information must be to push back the frontiers. The League and its member agencies must try to make much more effective use of mass media. Too often, social service agencies do not fully realize the vast potential of national publications, national wire services, and national radio and television. Whenever possible, the League tries to reach the mass audience which already has been reached by commercial organizations, radio networks and television.

Within restraints imposed by limited budget and staff, we try to tell not only the story of the League's services, but also the story of the services performed by its member agencies throughout this country and in Canada. We do this in several ways.

The routine phase of the work consists of selecting various issues which, in our opinion, should be brought to public attention as part of the staff's activities in the field. Either ready-made or newly created news pegs are selected for each. They may consist of meetings, reports, speeches, exchange of letters, or surveys. Field visits by staff members are utilized to open new channels to local papers, TV and radio stations for the League and its members. These stories and interviews help both the League and the agency concerned to tell the story to the local community.

Radio and TV program directors have accepted speakers of our choosing as guests to discuss current child welfare problems in simple and dramatic terms. The League is now working with the National Broadcasting Company on a series of four half-hour dramatizations of various phases of child welfare activities. These broadcasts are scheduled to go on the air early in 1952.

A substantial amount of time is devoted to helping free-lance writers to develop a variety of articles on child welfare. We spend considerable time in talking magazines out of publishing negative stories, and helping convince them that a positive approach is more sound and can command widespread interest. Though time-consuming, this is nevertheless important work. For example, The Saturday Evening Post in November published a story on foster care. This story represented a substantial investment of League time in making material available to the writer, reading his manuscript, and finally convincing him of the need for a major rewriting in order to avoid publishing grave misconceptions.

Similarly, the League became involved with one of the leading advertising agencies, in straightening out misconceptions which have crept into a soap opera series on adoption. Eventually we found that the only effective solution was to write a League staff member into the script, so that a hopelessly confused listening audience, at some time in this slow-moving drama, can come face to face with an accurate statement of facts.

The League's board of directors has a newly formed committee on public relations, which will devote itself to furthering the program, regarded now as only just begun. One of the most serious problems in our public information service is the sorry lack of materials that can be used by board members and staff of local agencies for better interpretation of the child welfare story in their own communities. We plan to develop materials for this purpose, and though at first the supply may be necessarily limited, we hope with the help of the board committee to decrease at least some of the existing gaps. We have reason to be reasonably optimistic about the usefulness of this project.

Another new project under way is negotiation with a major film company for a two-reel film on foster care, to be shown in neighborhood theaters throughout the country and, hopefully, to act as a stimulating device for recruiting foster homes. In addition, this film will be made available to local agencies at a nominal fee for use in local campaigns, public meetings, agency board meetings, or over local TV stations.

In its work with national media, particularly with magazines, radio and television, the League tries to initiate ideas that will result in coverage by all these media. It also tries to bring to the attention of editors and program directors the fact that there is a national organization working in the field and that their writers are welcome to check all material within that field for accuracy before publication or broadcast. Gradually, this policy is bringing results. More

and more publications are coming to the League for help in planning their articles, and now radio and TV program directors frequently call upon the League for help in securing a guest or obtaining data. We believe there is great need for accurate and reliable data all across the country, and the League accepts the role of helping to provide and disseminate such data.

We realize that there are areas not yet touched by the League. The program has still a long way to go, and there will always be room for improvement. We hope, however, that more and more avenues of communication will be opened and that we shall keep at the over-all job of telling the child welfare story so frequently and so effectively that people will get to know it and truly understand its implications.

VICTOR WEINGARTEN
Consultant on Public Relations

SPECIAL ISSUE ON PUBLIC CHILD CARE SERVICES ANNOUNCED

"BASIC Policies and Principles of Public Child Care Services," the paper by Miss Martha Branscombe, Director of the Elizabeth McCormick Memorial Fund, Chicago, Ill., and the three discussions of her paper, presented at the League's program, National Conference of Social Work, May, 1951, are of such value to the field that we will publish them shortly in a special edition of *CHILD WELFARE*. The discussants are the Rt. Rev. Msgr. John B. Butler, President, Catholic Charities of St. Louis, Department of Children, St. Louis, Mo.; Miss Grace A. Reeder, Director, Bureau of Child Welfare, State Department of Social Welfare, Albany, N. Y.; and William D. Schmidt, Executive Director, Children's Services, Cleveland, Ohio. The Elizabeth McCormick Memorial Fund is sponsoring publication of these papers.

New League Provisional

Children's Service, Inc.
670 Marshall Avenue
St. Paul 4, Minnesota
Fred D. Thomas, Executive Director

New League Member

Lutheran Welfare Service
210 Summit Street
Toledo 4, Ohio
Reverend Karl W. Mix, Acting Executive Director

CONFERENCES

The Eastern Regional Conference will be held February 6, 7, 8, 1952, in Philadelphia, Pa. Headquarters will be the Sylvania Hotel. Mr. Walter P. Townsend, General Secretary, Children's Aid Society of Pennsylvania, is chairman.

The Southern Regional Conference will be held March 13, 14, 15, 1952, in Raleigh, N. C. Headquarters will be the Sir Walter Hotel. Dr. Ellen Winston, Commissioner, Division of Child Welfare, State Board of Welfare, is chairman.

The Central Regional Conference will be held March 31 and April 1, 2, 1952, in Detroit, Mich. Headquarters will be the Statler Hotel. Mr. Fred R. Johnson, General Secretary, The Michigan Children's Aid Society, Detroit, is chairman.

The Southwest Regional Conference will be held April 27, 28, 29, 1952, in Austin, Texas. Headquarters will be the Hotel Driskill. Miss Rosalind Giles, Director, Division of Child Care, State Department of Public Welfare, Austin, is chairman.

The South Pacific Regional Conference will be held in Long Beach, California, May 1, 2, 3, 1952. Headquarters will be the Hotel Hilton. Mr. Clyde S. Pritchard, Executive Secretary, Children's Bureau of Los Angeles, is chairman.

The New England Regional Conference will be held June 9, 10, 1952, in Poland Springs, Maine. Miss Helen M. Wheeler, Director, South End Day Nursery, Boston, Mass., is chairman.

The Midwest Regional Conference will be held September 25, 26, 27, 1952, in Des Moines, Iowa. Headquarters will be the Hotel Savery. Mr. George Westby, Executive Director, Lutheran Welfare Society of Iowa, Des Moines, is chairman.

The National Conference of Social Work will be held May 25-30, in Chicago. Headquarters for the Child Welfare League of America will be the Congress Hotel. The League's program for National Conference in 1952 is being planned by a national committee which is working through regional subcommittees. Mrs. Nora Phillips Johnson, New York City, is national chairman; Mr. Jacob Hechler, New York, chairman for the East Coast subcommittee; Miss Martha Branscombe, Chicago, chairman for the Midwest subcommittee; and Mr. Clyde Getz, Los Angeles, chairman for the West Coast subcommittee.

A BOARD MEMBER SPEAKS

We Have Established a Fee Policy

TO begin with, I will assume a comma and a dash and say we have established a fee system,—*but* it is too early to make any sweeping statements as to its success. At this writing we are pleased. We believe we have done the proper thing, and as the months pass we will be alert to the various indications of its favorable or unfavorable reception. Having found the whole development so very interesting, we are passing along some of our experiences, hoping they may be of help to others who are considering the establishment of such a program.

First I should explain that “we” are a family and children’s agency, so our completed fee program covers the field of family casework service as well as foster home placement and adoption service. I intend to slant this toward adoption fees, but if I wander a bit into the family field, please be patient. Also, I am very apt to use “we” as meaning board and staff. Though a very “lay” board member myself, I feel a part of the agency, due to the cordial and cooperative relations between us; but, of course, as any board member knows, the real work in any such project is done by the staff. And now may I take you back a few years—and sketch in a little background?

In the summer of 1948 (personally I don’t think that’s a long time ago; we are apt to say we moved slowly, but I believe deliberately is a better word) our director, having had the consideration of a fee system on his mind for some time, began gathering together a reading list on the subject. When I tell you that his finished bibliography—for both services—covered scarcely one and a half pages, you will realize how limited the background resources were. Staff members were urged to familiarize themselves with the material and give the matter serious consideration; this resulted in their desiring to see such a program initiated.

Late in the year the subject was first brought up at a meeting of the executive committee of the board. I am sure it will surprise no one when I report a strong adverse opinion expressed by several at first. This was especially true in the adoption field, where we are all terribly conscious of the cry of “selling babies.” However, as discussion continued points of view changed. Our agency is a member of the Social Planning Council and the Community Chest, so naturally we considered what effect any negative public reaction would have upon the Red Feather campaign. The Chest budget policy of urging agencies to explore all possible sources of income was

recalled. The correlation between paying for boarding care—a long established policy—and paying for adoption service was propounded. A long discussion indicated the committee was interested and wished to know more about it.

In the meantime a board-staff subcommittee had been reviewing our adoption policy, and had recommended studying an adoption fee system to determine the feasibility and wisdom of making it a part of our program. This, plus the report of the executive committee meeting, naturally brought before the board the question of a fee system for all our services.

The entire matter was turned over to our important standing committee, the Function Advisory Committee. I believe you will be interested in the make-up of this committee. The board was represented by a professor of sociology as chairman of the group, a pathologist, an obstetrician, a pediatrician, several businessmen, and three women members. From the staff, there was the director of casework, two district supervisors, and four caseworkers. Our agency director is an ex-officio member of all board-staff committees.

Needless to say it was the staff who did the spadework and upon whose shoulders we board members leaned. However, never let it be assumed that we failed to have opinions and to express them!

This committee, with very few changes, had served together for some time, and it was ready to undertake the new assignment. When I say that the better part of a year elapsed before it was ready to present a progress report, I have no apologies to make, as there were only occasional delays caused by difficulty in settling upon meeting dates. A long and thoughtful study was made. Material from the Family Service Association of America and the Child Welfare League of America was studied, and detailed data from agencies having a fee program tabulated for study and comparison. In addition, members of the board and staff met with field representatives of the Child Welfare League of America and the Family Service Association of America to gather and discuss their knowledge of the experience of other agencies.

The study brought out that although our agency serves many families not in need of relief and some whose economic status is well within the middle income group, no fee was charged for any service except boarding care. In the adoption work we are, on the whole, serving families whose economic status would indicate their ability to pay something for the

service received. Such people are accustomed to pay for service received. There was always general agreement that any fee system would in no way interfere with service to families unable to pay. It was also felt, as a result of our study, that in the family and children's field there are certain situations in which it would be inadvisable to charge any fee. This list included:

1. Persons needing or receiving financial assistance.
2. Marginal income cases or those in which unusual financial obligations warrant waiving a fee.
3. Protective cases in which the service is initiated by the worker.

Careful consideration was given to the material from the few children's agencies who were then charging fees for adoptions. None of these was in our own city and only a few of the situations were in any way similar to ours, but each was helpful. We studied our own costs and found that, using 1949 figures, our agency expends on the average about \$275 for the care of a child who is later adopted—this is for medical care, clothes, boarding, etc., and does not include service costs such as salary of worker on case. Adoptive parents carried certain costs, such as their medical examinations and legal costs, and any wanting to pay for service were urged to make a contribution to the Community Chest. As almost all of these parents have financial security, a fee for adoptive service could constitute one source of income to the agency, and put into practice the main objective: those able to pay for service should pay.

When the committee reported to the board in the fall of 1950, it had far more material on hand than the simple progress report would indicate, but felt it needed a directive before proceeding further. The board was keenly interested, asked many questions, and requested that a fuller report with some definite recommendations be brought in as quickly as possible.

A committee meeting followed which was attended by the director of the Community Chest and the chairman of the Chest's Central Budget and Policy Committee. I seem to have failed to mention that throughout this whole period the agency had kept in close touch with the Chest and the Social Planning Council, advising them of our deliberations and seeking their advice and opinions.

Eventually a tentative draft of a recommended fee system was presented for discussion to the committee and then to the total staff. I would like to give you here three general points in the report which were the basis for our entire fee program:

1. The policy of charging fees is based on one principle in our culture—that those able to pay for services should pay.

2. The committee firmly believed that we should and would offer the same quality of professional assistance to all people who apply, regardless of their financial situation.
3. The committee is also convinced that the establishment of a policy which would enable us to charge fees should and would in no way curtail service to people we now serve.

Specifically, in the area of adoption, the following sliding scale was set up:

<i>Yearly Income</i>	<i>Rate</i>
Under \$3,000.....	\$25
\$3,000-\$3,999.....	50
\$4,000-\$4,999.....	75
\$5,000-\$5,999.....	100
\$6,000-\$6,999.....	150
\$7,000-\$7,999.....	200
Over \$8,000.....	200 to 300

This sliding scale was based on a study of the income of the agency's adoptive parents in 1949. It was further agreed that if the income of the adoptive parents exceeded \$8,000 a year, a larger fee up to \$300 maximum would be worked out on an individual basis. Regardless of the fee charged, or if the fee is administratively waived, the adoptive parents will carry the cost of their physical examination, legal costs, and the cost of psychological testing where another child is already in the home. Any deviation from this scale will be reviewed by the director of the agency. The fee may be waived or modified in the interest of the child. It was further agreed that when the fee policy went into effect, the following persons already involved in adoption proceedings would be exempted:

1. Families with a child pending consummation of the adoption
2. Families who have been approved but who have not yet received a child
3. Families in the process of study.

Our thinking here was that these people had entered into a working relationship with the agency prior to our fee program, and that from the point of view of good public relations, this was a sound approach on the part of the agency.

The tentative draft was studied, altered, re-studied and put into final form for presentation to the entire board at its meeting in February, 1951, when it was unanimously passed and turned over to the administration to put into practice. Incidentally, at this meeting representatives from the Chest and the Council were asked to participate in the board discussion.

Our fee policy went into effect on April 9, 1951, and between February and April, the staff was busy drawing up administrative procedures for carrying out the program. All adoptive applicants received a letter from the director briefly explaining the program. In addition, the caseworkers involved discussed the matter with each applicant.

The reaction to the agency's fee program so far can be called good. We have had no negative reaction and this would seem to indicate that the agency was very wise in taking its time in reviewing thoroughly the entire matter. We have had requests for our material from other agencies in the community now considering a fee policy. In addition, it is clearly understood by the staff and the board that the application of our fee program will be reviewed periodically to see how the entire plan is working and what changes, if any, should be made.

As I look back over this, I feel it is long and top-heavy with details, but I do not know how to change it! Any of you who have read this far are really interested in the subject, and if you are interested you want details. So with many thanks for your patient attention, I will draw the curtain on Act I. We will report on Act II when it has been written and produced.

FLORENCE F. BROWN (MRS. ALFRED W.)

Secretary, Board of Directors
Family and Children's Service
St. Louis, Mo.

GOVERNMENT SALARY AND WAGE REGULATION IN CONNECTION WITH NON-PROFIT AGENCIES

At this time of the year when many child welfare agencies are considering upward revision of salaries, the question of government regulation of salaries and wages becomes important. Are increases permitted? Under what conditions can regular annual increment be allowed? In this connection the following excerpts from a report recently issued by the Social Legislation Information Service, Inc., should prove helpful.

1. Religious, charitable, and educational institutions which have been exempt from Federal income taxes are permitted to increase salaries and wages without first obtaining Federal approval.

2. This does not exempt employees of a business enterprise owned or operated by such organization if the enterprise itself is not exempt from Federal income taxes.

3. Organizations extended this privilege are "expected to conform" to the national salary and wage stabilization policies. As a checkrein, the regulation states that salary increases are subject to review and that the authorization to operate under this special regulation may be revoked with respect to any organization.

Background: It may be assumed that when the Wage and Salary Stabilization Boards approved this "exemption" they had the following considerations in mind:

1. That salaries and wages paid by non-profit organizations are generally below those paid for comparable employment in private industry.

2. That since such organizations would not tend to increase salaries and wages substantially, the "exemption" would not have unstabilizing influences. Also, that little if any impact upon prices may be expected by virtue of this "exemption."

3. That the general regulations tend to treat on the problem of large industrial firms, and are not likely to cover the circumstances of non-profit, tax-exempt organizations.

What is Federal Policy?: In view of the above considerations, it is clear that if a nonprofit organization adjusts the compensation of its employees on a "reasonable" basis, it is not likely to fall out of conformity with national salary and wage stabilization policies. It is also likely that most of the compensation changes which a nonprofit organization may wish to make would be covered by one or more of the Federal regulations which authorize any and all organizations to make certain compensation changes. For example:

1. It is Federal policy to permit *general* cost-of-living adjustments in order to maintain the real purchasing value of the salary and wage dollar. Under this so-called "catch-up" formula, a general increase of 10 per cent would not be considered contrary to Federal policy.

2. It is Federal policy to permit *individual* merit and length-of-service increases largely on the basis of customary or existing practice. If an organization has an established salary plan which includes a schedule of rate ranges, it may continue to operate under its plan. In general, if an organization applies up to 6 per cent of its annual payroll for such individual merit and length-of-service increases, there would be no question about this being in conformity with Federal policy. There are no limits on increases on genuine promotions to positions of higher responsibility.

In other words, if an organization finds that the compensation changes which it wishes to make fall within the scope of such general provisions, there would be no question about possible lack of conformity to Federal policy.

Since Federal policy may be determined by reference to the general regulations of the Wage and Salary Stabilization Boards, as well as their interpretative bulletins, organizations may wish to obtain a full set of these documents and be placed on the mailing list to receive future ones as they are issued. These can be requested from your nearest field office of the Wage and Hour Division (U. S. Department of Labor).

NEWS FROM THE FIELD

Adoptive Homes for Negro Children

In view of the considerable interest expressed by member agencies in finding adoptive homes for Negro children, we are glad to publish this account of how the problem was approached by community-wide cooperation on a special homefinding project. The committee reporting on this project stressed that the problem is still only partially solved. Further comment is invited.—Ed.

"I AM pleased to announce," said the doctor who was chairman of the Committee on Adoptions, "that in less than 3½ months, the Children's Home found adoptive homes for 18 Negro children."

He was reporting on a project of a subcommittee of the Cincinnati Council of Social Agencies which consisted of a priest, a minister, a supervisor from the children's division of the public agency, the supervisor of adoptions from the private Protestant adoption agency, and the chairman, a former social worker now a housewife and mother.

The Committee on Adoptions carefully considered possible approaches to the solution of our need for Negro adoptive homes. We could count on the cooperation of local press, radio, and television people. Cincinnati has many "newsworthy" Negroes interested in social welfare needs—two councilmen, for example. In all the professions, the unions, the skilled and unskilled labor groups, among the white collar workers and the civil service employees, we could find representative people with leadership in the community, white and colored, who would cooperate with us in giving publicity to this need. At first glance, this seemed like a "natural" for a promotional campaign.

The disadvantages of a campaign exploiting the names and talents of these leaders, however, were marked. With that kind of publicity we could anticipate that many previously rejected applicants would reapply; we knew a large percentage of new applicants could not be accepted; and we recognized, too, that because of the amount of staff time involved in interviewing and in the supplementary speeches, production of material for publicity, and so on, we would be bogged down. The keynote of any successful campaign is action, and we wanted to be ready to move at once on applications we could accept.

The Committee, therefore, chose a quiet, discriminating, focused approach to this problem. This is a report of homefinding in the Protestant group only, although the subcommittee recruitment plans were for Catholic and Protestant groups.

First, a meeting of a number of Negro ministers was called by the clergyman on the Committee. Out into the open came all their feeling—complaints about the red tape, the delays, the looking for per-

fection in homes, etc. Our chairman agreed we would reduce red tape and delay to a minimum and outlined our need for standards in all homefinding.

The ministers agreed to screen applicants carefully before referring them. This accounts for the phenomenally low rejection rate during the period of the project—only one—and one additional applicant withdrew. The Negro ministers are directly responsible for 7 of the 18 approved homes and indirectly for one other.

Concurrently with the ministerial effort we asked the help of workers from nearby counties, such as Clark County, whose knowledge of their community and helpfulness to us was invaluable.

Because there are times when placement outside the community is desirable we went out of the state for three of these homes. There are always, too, applicants who would be "lost" if an out-of-state agency didn't use them. Their feelings are not based on any questioning of the professional standards of agencies in their own states, but are personal ones. With the consent of the agencies in other states, we made the home studies.

We did not lower standards in this campaign. We did the usual things: seeing applicants together and apart, interviewing a relative of each if there was one in the community, requiring the usual physical examinations, interviewing the doctor, minister and three other references, requiring housing to meet a minimum standard.

Statistically the 18 homes look like this:

INCOME		
\$2000 to \$2500....4	Eight of these own their homes. Two own additional property. Ten are renters. All were reasonably adequately covered by insurance.	
2500 to 3000....4		
3000 to 4000....3		
4000 to 5000....4		
5000 to 6000....1		
Over 6000.....2		
EDUCATION		
	<i>Husband</i>	<i>Wife</i>
Less than 8th grade.....	3	1
Completed 8th grade.....	0	3
Part high school.....	6	5
Completed high school.....	2	2
Part college.....	4	5
Completed college.....	1	0
Graduate work.....	2	2
AGES		
	<i>Husband</i>	<i>Wife</i>
Under 25.....	0	1
25 to 30.....	1	4
30 to 35.....	5	2
35 to 40.....	6	6
40 to 50.....	4	5
50 to 55.....	2	0
OCCUPATION		
<i>Husband</i>		<i>Wife</i>
Unskilled laborer or worker....4	Two were employed; one as a housekeeper, the other as a professional person.	
Skilled laborer.....5		
Service occupations.....6		
Cook.....2		
Policeman.....2		
Cashier.....1		
Tailor.....1		
Professional.....3		

LENGTH OF MARRIAGE	CHILDREN
2 to 5 years.....4	No pregnancies.....12
5 to 10 years.....9	Stillbirths or miscarriages.... 5
10 to 20 years.....4	Own living children..... 1
20 to 30 years.....0	
Over 30 years.....1	

Naturally, the children placed required careful pre-placement planning and visiting. One child was under a year, five were between 1 and 2 years, four between 2 and 4 years, two between 4 and 5, and one boy was 12 years old. At the end of the period under consideration, five additional homes were ready for use.

This project was an exploratory one to see if group activity with lay and professional people participating could produce adoptive homes for Negro children; we demonstrated that this group approach was valid.

As a result of our experience we would stress again the need to make home studies quickly, at the same time preserving standards. Such things as speeding up interstate agreements and building up, through Child Welfare League of America regional conferences perhaps, better interstate cooperation on this problem would help a great deal.

There is still an unmet need in our community on which the committee will work. This is the need for homes for school age children for whom, generally, only 8th grade education can be expected. As an aid in recruitment for such homes and for homes to meet the continuing needs of younger children, the Committee developed a pamphlet, copies of which may be had by writing the Council of Social Agencies, 312 West Ninth Street, Cincinnati 2, Ohio.

The Midcentury White House Conference emphasized the right of every child to a healthy personality. Surely a permanent home is one step toward such a goal.

(MRS.) RUTH LATIMER

*Supervisor of Adoptions
The Children's Home, Cincinnati, Ohio*

Agency Sponsors Contest on Ways of Interesting More Colored Families in Adoption

THE Child Placing and Adoption Committee of the State Charities Aid Association, New York City, concluded in December a nationwide contest for the best essay on "Ways of Interesting More Colored Families in the Adoption of Children." More than 250 entries were received from 21 states. First prize was awarded to Miss Virginia Harris, a student nurse at Lincoln Hospital, the Bronx, who urged that agencies step up their public information programs to overcome confusion in the public mind about adoption. Through press, radio, television, speakers' bureaus and other channels, she stated, it should be explained that it is not necessary to have a lot of money to adopt a child; that there are authorized

adoption agencies which protect the legal and other rights of the child and his adoptive parents, provide counseling services as needed, and supply the adoptive parents with necessary knowledge of the child's background.

Many of the practical ideas and suggestions offered by the contestants will be incorporated in the Child Placing and Adoption Committee's home finding program of interesting more Negro families in adoption. They will also be made available to other agencies in an effort to speed the adoptive placement of the rapidly increasing numbers of Negro children who desperately need the security that these families can provide.

Some of the more original proposals submitted by contestants included the door-to-door canvassing of selected neighborhoods for personal presentation of the need for qualified adoptive parents; use of citizen committees of laymen and professionals to attend meetings to answer questions on adoption; publicizing testimonials from adopted children and adoptive parents on the happiness adoption has brought to them, and classes on adoption for prospective parents.

The suggestions offered were revealing in regard to the way adoption is seen by the public. The Child Placing and Adoption Committee has drawn up an interesting summary of the ideas expressed by writers who submitted articles, classifying these ideas under different headings. Among these suggestions are the following:

Government and Citizen Participation

Let people generally know that it is possible to adopt a child from outside their own state.

Citizens' committees made up of specialists who can answer the community's questions and arrange publicity.

Tell the Adoption Story

Special interest magazines—such as movie and sports magazines—could run interviews with people in their sphere of interest who had been adopted.

Documentary film depicting childless couple and how they carried out plan to adopt a little boy or girl—this to be shown to Negro groups and organizations, and ending with a plea for homes. One writer stressed that the film should be factual, not "lived happily ever after. Rather, portray the idea that the child is yours to guide and mold, but never beyond his capabilities and at the sacrifice of his happiness"—the film to be sent from one organization to another.

A speakers' bureau of adoptive mothers.

Education Through Talks, Seminars, Clinics, etc.

Regular news releases.

Importance of pictures stressed.

Secure sponsorship of a popular columnist.

Movies, television and radio programs and spot announcements sponsored by the larger broadcasting stations as a public service.

Post eligibility requirements with names and addresses of adoption agencies in libraries, churches, clinics, doctor's offices, YWCA's and YMCA's and club rooms. Include a blank to be filled out and returned to agency if interested. Libraries arrange special exhibits of material on adoption.

Talks by professional social workers to such groups as PTA, neighborhood associations, and school assemblies.

Seminars and panels with community leaders such as doctors, lawyers, church groups.

Neighborhood classes acquainting people with the adoption process.

Adoption clinics—"a number of adoption clinics open to the general public in several areas of the Negro community, affording individuals the opportunity of intimate acquaintance with the child adoption process."

A survey questionnaire in magazines and newspapers.

Approach Through Organizations

The role of the Councils and Federations of Women's Clubs, Urban League, NAACP, sororities, Elks and other fraternal organizations in this endeavor—

A project for them on local, state or national basis.

Talks and films at meetings of these groups. Publicity in publications of these organizations.

Distribution of pamphlets telling adoption story from beginning to end.

Through YWMC and YWCA Community Centers and Residences—the importance of these in Negro community life.

The Role of the Churches and Clergy

Special meetings of ministers for this purpose. Annual ministers' meetings and conferences.

Emphasis on the Individual

"Remember each opportunity to approach the individual must be taken advantage of to the fullest extent. Mr. and Mrs. John Doe may never pause again to listen to this worthwhile story you have to tell."

Other Suggestions

People believe financial, religious and housing requirements are higher than they really are, and higher than most people can meet. Dispel the idea that wealth is necessary to care adequately for a child.

Use middle aged couples whose children are now grown up. They understand children and have time and financial security.

Emphasis everywhere on importance of love and belonging.

Need for recognition of cultural differences and standards. Don't expect more of adoptive parents than of own parents in similar groups.

Continuity of appeals over months and years, with appeals in various directions and by several methods.

"Let's tell the folks that they'll have an excuse to listen to the Lone Ranger in the evenings and see the Bronx Zoo on a Sunday afternoon."

One Agency's Use of the Case Record Exhibit

THE League's 1950 Case Record Exhibit arrived at Michigan Children's Institute in mid-July, 1951; our September staff meeting was allocated for discussion of the exhibit.

The exhibit was placed where it was readily available to staff members, with our usual method of removing records from the agency file being used to take records from the exhibit for reading. Near it we placed a bulletin so workers could call one another's attention to records they found outstanding.

The exhibit was used formally both within the supervisory group meetings and for the general staff. It was at all times available for reading by individuals.

To cover the exhibit for purposes of the general staff meeting, the records were assigned to the seven supervisory groups, each group starting with a different number and reading every seventh record. Through group discussion, each then selected one record which in its opinion represented the best casework practice in the series read. From these, the supervisors selected two records which seemed most related to current problems in which the staff is interested. About a week's notification of which cases were to be presented was given the staff, enabling some of the staff to read the records in advance of the staff meeting. The records were presented at the meeting by two workers and a general discussion of casework techniques and philosophy followed.

Parts of our method were worked out to avoid pitfalls of other years. We were concerned because comparison of records in the exhibit with our current agency practice obscured too many of the positive values of the exhibit—especially those of a free discussion of differences of opinion and recognition of work that was better than ours from which we could learn. Assigning the records on a cross section basis rather than according to the interests of the various supervisory groups, we felt, tended to decrease intra-agency competition as well as to emphasize general techniques and philosophy. Also, instead of reports by the various supervisory groups, staff meeting was

planned so that individual workers presented cases. Supervisors called attention to the fact that exhibit records represent only that part of the agency's work that pertains to the title and do not represent the agency's complete service program with clients.

Following the discussion of the two cases at the meeting, there was a brief spontaneous discussion of other records that had been considered outstanding.

The Case Record Exhibit remained at the agency following the staff meeting to allow for the further reading of a number of records stimulated by the discussion.

From the many comments heard before and since the staff meeting, we have reached the conclusion that this method of reviewing the Case Record Exhibit has made a more distinct contribution to better casework understanding of child welfare than did our previous method in which each caseworker read as many individual records as her time would permit.

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BOOK NOTE

ANNUAL REPORT ON CHILD AND YOUTH WELFARE, United Nations Publications, New York. 1951. 191 pp. \$1.25.

For several decades welfare for children and youth has been viewed internationally through a number of official bodies. Now for the third time the Department of Social Affairs of the United Nations offers an annual report on progress in child welfare in many of the countries that are members of the United Nations. Resolution 51 of the General Assembly passed in 1946 authorized these reports.

The first volume was published in 1948 and contained a summary of reports received from thirty-two countries. The second report presented summaries from twenty-six member governments and also had considerable detail on social legislation passed in 1947. The current volume covers child welfare activities and very brief statements on new legislation in 1948 in thirty countries.

Some countries have submitted a report for each issue, others have offered two, and a few only one. For example, in comparing the second and current volumes one finds that such countries as Dominican Republic, El Salvador, Mexico, Saudi Arabia and Union of Soviet Socialist Republics, had summaries in the second volume, but these same countries submitted nothing for the current report. On the other hand, one finds countries reporting in the current volume that failed to appear in Volume 2: Afghanistan, Bolivia, Ecuador, Egypt, France, Guatemala, Lebanon, Norway, Pakistan and Yugoslavia. Considering the fact that the world is torn by tensions,

it is significant that these reports appear with reasonable regularity.

In view of the current sabre rattling, there are contradictions strangely yet wonderfully inspiring. On the political front we glare at each other; on matters of child welfare there is apparently considerable cooperation. The more that nations can become concerned with the fundamental needs of their children, the more we can hope that the philosophy that recognizes the worth and dignity of each individual will some day permeate the entire world.

As the reader might anticipate, the facts revealed in the reports vary greatly from country to country. Burma, for example, reveals an infant mortality rate in 1948 of 266.79 per 1000 births and in some towns more than half the infants born do not survive their first year of life. The Burmese government rightly expressed concern about infant and maternal welfare. It is obvious that this concern is basic before some of the other refinements in child welfare can be accomplished.

In contrast to these conditions noted above, great advancements in child welfare are found in reports from the United Kingdom, United States, the Union of South Africa, the Scandinavian countries and several others.

The summaries vary greatly in length and content, but there exists at least some uniformity among them. The index is helpful in gaining further information on any particular topic which the reader wishes to pursue. The most popular topics, listed in the order of frequency, are as follows: Maternal and Child Health Services, Education, Recreation, Voluntary Agencies, Juvenile Delinquency, Employment, International Cooperation, Vocational Guidance and Training, Children's Homes, Day Care for Pre-School Children, Family Allowances, Legal Status of Minors, Physically Handicapped Children, Youth Organizations, Children Deprived of Normal Family Life, Organization and Administration.

Keeping in mind that any annual report gives only a time-limited picture, these reports have a definite value. Countries can learn from the experience of others what constitutes good child welfare. Living as we do in a rapidly changing world, it is conceivable that fairly radical changes in attitudes and practices can come about in child welfare. By its interest and leadership, the United Nations is carrying out a basic function of a community organization.

Any lay or professional person interested in child welfare will gain perspective by a perusal of this current book and the entire series.

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